

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/979549	FILING DATE
CLAIMS							* IND. DEP. IND. DEP. IND. DEP.	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51	
2				1			52	
3				1			53	
4				1			54	
5				1			55	
6				1			56	
7				1			57	
8							58	
9			1				59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			1				TOTAL IND.	
TOTAL DEP.				1			TOTAL DEP.	
TOTAL CLAIMS			1				TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS